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TRANSMITTAL	Docket No.:	XTAX-P001US2	Total Pages:	3
	Application No.: 10/609,033			
	Filing Date: 06/27/2003			
	First Named Inventor: Mark Albrecht			
	Art Unit: 3621			
	Examiner Name:			

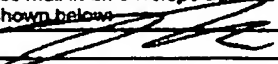
ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																					
1. <input type="checkbox"/> Response to <input type="checkbox"/> After Final.																						
2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is _____; accordingly the appropriate non-small-entity fee is (\$.00). <input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$.00).																						
3. <input type="checkbox"/> Substitute Specification.																						
4. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449. <input type="checkbox"/> Copies of IDS citations.																						
5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: _____) <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal																						
6. <input type="checkbox"/> Excess claim fees:																						
<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>Total Claims</u></td> <td style="text-align: left;"><u>Extra Claims</u></td> <td style="text-align: left;"><u>Fee (\$)</u></td> <td style="text-align: left;"><u>Fee Paid (\$)</u></td> <td style="text-align: left;"><u>Multiple Dependent Claims</u></td> </tr> <tr> <td>_____ -20 or HP= _____</td> <td>x _____</td> <td>_____</td> <td>_____</td> <td><u>Fee (\$)</u></td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20</td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td colspan="4"></td> <td>_____</td> </tr> </table>			<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	_____ -20 or HP= _____	x _____	_____	_____	<u>Fee (\$)</u>	HP = highest number of total claims paid for, if greater than 20				<u>Fee Paid (\$)</u>					_____
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<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>Indep. Claims</u></td> <td style="text-align: left;"><u>Extra Claims</u></td> <td style="text-align: left;"><u>Fee (\$)</u></td> <td style="text-align: left;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____ -3 or HP= _____</td> <td>x _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>			<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____ -3 or HP= _____	x _____	_____	_____	HP = highest number of independent claims paid for, if greater than 3.											
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_____ -3 or HP= _____	x _____	_____	_____																			
HP = highest number of independent claims paid for, if greater than 3.																						
7. <input type="checkbox"/> Other Fees:																						
8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.																						
9. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																						
10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (_____). A duplicate copy of this sheet is enclosed for this purpose.																						
11. <input type="checkbox"/> Other Enclosure(s):																						
12. <input checked="" type="checkbox"/> Remarks: The Information Disclosure Statement herewith is being filed after three months of the filing date of this application but before the mailing date of the first Office Action on the merits. Accordingly, it is believed that no fees are due in connection with the filing of this Information Disclosure Statement.																						

TRANSMITTAL

(Executed Attachment to Page 1)

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CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name Anthony L. Miele	Date 11/16/06

Dated: 11/16/06

Respectfully submitted,

By: 

Anthony L. Miele, Attorney for Applicant(s)

Registration Number 34,393

Customer Number 000050048

Miele Law Group

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